

Dear Members of the Human Services Committee of Connecticut General Assembly:

My name is Laurel McCormack and I am from New Haven. I am also a youth coordinator at IRIS-Integrated Refugee & Immigrant Services.

I stand in support of SB284: AN ACT INCREASING THE AGE FROM EIGHT TO EIGHTEEN YEARS FOR AN INCOME-ELIGIBLE PERSON TO OBTAIN MEDICAL ASSISTANCE REGARDLESS OF IMMIGRATION STATUS. Expanding access to HUSKY up to age 18 regardless of immigration status is an important step in making sure our immigrant community has access to the healthcare we all need and deserve. But our work doesn't end with expanding access up to age 18; we need to open access to HUSKY and healthcare to all immigrants of any age, including parents and adults.

For the past five years, I have worked with refugee, asylum seeking, and immigrant teenagers from the Greater New Haven area. I see the impact that health-related issues have on other areas of their lives. I will give examples of instances within the past week alone when the undocumented youth I work with have not been able to access healthcare and it has impacted not only their physical but also their academic, social, and mental wellbeing. First, I am struggling to convince teens who I work with to get vaccinated against COVID-19 because they do not have regular access to health care provision and so are worried that interaction with the healthcare system will impact their immigration status in some way. Worrying about receiving the vaccine has cut these students off from being able to participate in various extracurricular activities which require vaccination. If undocumented teens had primary care doctors and regular interaction with the medical system, as my refugee and asylee students do, I believe they would trust in our medical and public health systems more strongly. Certainly, many of my students' families included essential workers and have disproportionately felt the health, economic, and academic impacts of COVID-19. Now we must ensure

Second, I am unable to find optometrists willing to see teen immigrant students without insurance who have significant vision problems, leaving these teens unable to see the board at school and with headaches from squinting or wearing incorrect prescriptions. Third, I regularly hear about mental health issues and past traumas that teen students are not seeing a mental health professional for because they do not have insurance. These untreated mental health issues impact their sleep, their academic performance, and their ability to build trusting and supportive relationships with peers and adult mentors. These are all health-insurance-related issues that have arisen in the past week alone with my students.

I have seen even more difficult situations arise for students in prior years. For example, I have worked with an undocumented teen student who sustained a traumatic brain injury two years ago. This student was afraid to go to the emergency room and then was unable to receive regular followup care to treat the long-term impacts of this injury because the student cannot access insurance. This student has been struggling in school ever since and has developed truancy issues over the past semester partially out of frustration about the impact on learning that the brain injury has caused.

Immigrant youth, regardless of their documentation status, deserve to be covered at least until age 18. I support S.B. 284 and I ask the committee to support and pass this legislation. Looking forward, I ask the committee to work towards opening access to all immigrants regardless of age.

Thank you for your time,
Laurel McCormack